



**DIRECTORATE OF EMERGENCY SERVICES (DES)
FORT LEAVENWORTH, KS
ACCESS CONTROL CENTER (FEB 2012)**

ACCESS CONTROL CREDENTIAL APPLICATION

LAST NAME: _____

***PERSONAL INFORMATION:**

Name of Applicant (First, Middle, Last): _____
 Date of Birth: _____ Social Security Number: _____
 Driver's License or State ID Number: _____ State Issued: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Ethnicity: _____
 Home Phone: _____ Cell Phone: _____

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____ Color: _____
 License Plate #: _____ State: _____ Expiration Year: _____

***PLEASE ANSWER THE FOLLOWING QUESTION ACCURATELY;**

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME IN THE STATE OF KANSAS, OR ANY OTHER STATE?

YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

PURPOSE OF ACCESS:

What is your purpose for access? _____

Company You Work For: _____

Location of Work Site on Fort Leavenworth: _____

Expected Month/Year of Completion: _____ Are You Full Time? _____ or Part Time? _____

What hours do you work? _____

Name of Current Supervisor: _____ Phone Number: _____

How long have you worked for this company? _____ years _____ months

Are you a Supervisor? Yes _____ No _____

Is your company the Prime Contractor on the project? Yes _____ No _____

***The above information will be used to conduct a security background check to determine fitness of character.**

*****FOR OFFICE USE ONLY*****

CLEAR COPS? Y/N DATE/INITIALS _____ CLEAR NCIC? Y/N DATE/INITIALS _____

CLEAR III? Y/N DATE/INITIALS _____ CLEAR KS HOT FILES? Y/N DATE/INITIALS _____

DES PHYSICAL SECURITY OFFICE:

APPROVED _____ DISAPPROVED _____

Remarks: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U.S.C. 552a)

1. AUTHORITY: 10 U.S.C. Section 3012
2. PRINCIPLE PURPOSE(S): To provide the name, SSN, home address and telephone number to Fort Leavenworth security personnel who have the need to know in the performance of their official duties.
3. ROUTINE USES: To Federal, State, and local activities for use in security background checks.
4. DISCLOSURE: Mandatory. If not provided, the individual would not be approved for a credential.